

Finance, Sign On, Emergency Contact, and Medical Details

All your records and information are confidential and are secured in CDU Amenities Limited files.
Please complete and return to Chair, CDU Amenities Limited, Building Orange 12, Level 3 Room 49.

Personal details

Title			
Surname		Given Names	
Preferred Name			
Mobile Phone		Date of Birth dd/mm/yyyy	
Home Phone		Gender (M/F)	
Residential Address		Suburb	
		Postcode	
Postal Address (if different from above)		Suburb	
		Postcode	
Position Title			
Period of employment Start Date	dd/mm/yyyy	End date	dd/mm/yyyy

Business details

Business Name		Registered for GST <input type="checkbox"/> No <input type="checkbox"/> Yes
Business ABN		
Business Address (if different from above)		Suburb
		Postcode

Financial Institution Details

<input type="checkbox"/> New Employee	Please deposit my net pay into the following account:		
<input type="checkbox"/> Existing Employee	Please change from the Financial Institution where my net pay is currently being deposited to the following account:		
Name of Financial Institution			
BSB Number		Account Number	
Branch		Account Name	
Employee's Signature		Date	dd/mm/yyyy

Primary Contact

Surname		Given Name	
Relationship		Business hours Phone	
Mobile Phone		After hours Phone	
Residential Address		Suburb	
		Postcode	

Secondary Contact

Surname		Given Name	
Relationship		Business hours Phone	
Mobile Phone		After hours Phone	
Residential Address		Suburb	
		Postcode	

General Medical Information

Current Medical Problems	Have you any current medical problems that would impact on your ability to undertake the duties of the position? <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ please provide details
Workers Compensation claims	Do you have any current Workers Compensation claims? <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ please provide details
Previous claims for work related illness or injury	Have you previously claimed for any work related illness or injury? <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ please provide details
Special provisions	Do you have any disability that requires special provisions eg building access and/or equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ please provide details
Concerns related to the position	Do you have any concerns related to your health regarding the position offered? <input type="checkbox"/> No <input type="checkbox"/> Yes ➔ please provide details

Conditions that may have an effect on the way you do your job	Do you have a condition that may have an effect on the way you do your job? Please indicate on the following list the nature of your condition and provide a brief description so that adequate support may be offered.	
	Epilepsy / Fitting	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Dizziness/ Balance Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Migraines / Persistent Headaches	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Lung / Respiratory Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Vision / Eye Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Hearing Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Chest / Heart Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Kidney Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Circulatory Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
	High Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Muscular / Skeletal	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Allergies (please specify)	<input type="checkbox"/> No <input type="checkbox"/> Yes ➔
Description		

Declaration and Signature

Position Profile	I have read and understood the Position Profile for this position. <input type="checkbox"/> No <input type="checkbox"/> Yes		
Provision of information	I hereby declare that the above information is true and correct. I have reviewed the requirements for the Position and state that I have no impediments not mentioned on this form that would restrict me from undertaking the full range of duties.		
Employee's Signature		Date	dd/mm/yyyy

Privacy and Confidentiality Undertaking

PRIVACY

- (a) In this undertaking:

Act means the Information Act (NT)

Privacy Laws means:

- (i) the Act; and
- (ii) the Information Privacy Principles set out in the Act or any 'code of practice' approved under the Act that applies to any of the parties to this agreement.

Personal Information means all information about a person that is "personal information" as defined in the Act which is collected and/or handled by any of the parties in connection with this agreement.

- (b) The Employee agrees to deal with all Personal Information in a manner consistent with the Privacy Laws and any other relevant privacy legislation.
- (c) The Employee is to collect, use, disclose or otherwise deal with Personal Information only for the purposes of fulfilling their duties.
- (d) The Employee acknowledges that individuals have the right to request access to, and correction of, the Personal Information held about them.
- (e) When the period of employment expires or is terminated, the Employee must, at the CDU Amenities Limited's discretion:
 - (i) either return to the CDU Amenities Limited all records containing Personal Information;
 - (ii) retain any material containing Personal Information in a secure manner as approved by the CDU Amenities Limited; or
 - (iii) destroy or delete any Personal Information.

CONFIDENTIALITY

- (a) The Employee acknowledges that information received or otherwise acquired by the Employee in the course of performing their duties may be received or otherwise acquired in circumstances, which express or imply confidentiality ("confidential information").
- (b) The Employee shall not at any time divulge or allow to be divulged to any person any confidential information, other than to those persons to whom CDU Amenities Limited has given written permission to divulge such confidential information.

Employee's Signature		Date	dd/mm/yyyy
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